



COLORADO

Department of Health Care
Policy & Financing

HCBS Settings Final Rule Provider Transition Plan (PTP) User Manual

Developed to Assist Providers in Completing the
PTP on the Google Cloud/G-Suite Platform

November 2018

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The HCBS Settings Final Rule and Colorado's Path toward Compliance

Background

In 2014, the federal Centers for Medicare & Medicaid Services (CMS) issued a [final rule](#) to ensure that all settings where people live or receive home- and community-based services (HCBS) meet certain criteria. The criteria ensure that these settings are integrated in the community, homelike (for residential settings), and non-institutional. Colorado is currently transitioning toward compliance with the rule. The [Statewide Transition Plan](#), [milestone schedule](#), and other materials describing Colorado's path toward compliance are available on the Colorado Department of Health Care Policy & Financing's (HCPF's or "the Department's") [HCBS Settings Final Rule website](#).

All providers must ensure that their HCBS settings comply with the rule. HCPF and the Colorado Department of Public Health & Environment (CDPHE) have been working with and will continue to support providers in their efforts to come into compliance. Providers that do not timely demonstrate their compliance will not be eligible to continue receiving reimbursement for HCBS.

Key upcoming deadlines are as follows:

- Providers complete and submit their initial Provider Transition Plans (PTPs) within **30 days** of their Welcome email (**42 days** if Welcome email is received before the winter 2018 holidays).
 - Providers begin implementing remedial action plans as soon as they submit their PTPs.
 - CDPHE reviews PTPs and attached materials and provides feedback to providers.
- Providers update their PTPs and attached materials within **90 days** of initial submission; the process of CDPHE review and further provider updates may be iterative for several months.
- Providers submit final PTPs and attached evidence demonstrating compliance by **August 2019**.
- The Department then publishes final compliance determinations (including identification of settings that will be submitted to CMS for heightened scrutiny) and begins the process of helping individuals at noncompliant settings transition to other settings/funding sources.
- Full statewide compliance is achieved by **March 2021**.

Initial Assessments and Guidance

The Department has taken a number of steps to help providers transition toward compliance, including:

- Working with providers to complete self-assessment surveys, yielding high-level [scorecards](#) that helped identify broad areas in which providers needed additional guidance.
- Creating an Individual/Family/Advocate (IFA) Survey to gather input from waiver participants regarding their concerns. The survey is available in [English](#), [Spanish](#), and [Russian](#), in both hard copy and online formats. Results from the first two years of the survey are available [here](#).
- Working with CDPHE to conduct site visits and desk reviews and to provide technical assistance.
- Presenting trainings available [here](#) under "Training Materials Presented by the Department."
- Issuing additional guidance, including responses to Frequently Asked Questions ([Part I](#), [Part II](#), and [Part III](#))

Please review these materials if you have not already.

Verified Site-Specific Assessments and Remediation

In order to demonstrate to CMS that Colorado has attained statewide compliance with the HCBS Settings Final Rule, the Department needs providers to complete a PTP for each setting where individuals live or receive HCBS. This includes:

- Adult day service programs (basic and specialized)
- Alternative care facilities (ACFs)
- Child Residential Habilitation Program (CHRP) settings, including foster care homes, kinship foster care, non-certified kinship care, specialized group facilities (SGFs), including group homes and group centers, and residential child care facilities (RCCFs)
- Day habilitation programs, including Specialized Habilitation, Supported Community Connections (SCC), and prevocational services
- Day treatment facilities
- Group homes
- Individual Residential Services and Supports (IRSS) settings, including host homes and Personal Care Agencies (PCAs)
- Group supported employment programs
- Supported Living Program (SLP) facilities
- Transitional Living Program (TLP) facilities

The Department is presuming that private homes belonging to clients or their families, professional provider offices, clinics, and individual supported employment settings are compliant with the HCBS Settings Final Rule. Subject to confirming that this presumption is valid in a random sample of private homes, the Department does not plan to ask providers to complete PTPs for any of these settings.

The PTP is a form that helps providers self-assess their policies, procedures, and practices in light of the federal rule, identify any compliance issues, and determine any remedial actions necessary to bring each setting into compliance. CDPHE conducts a desk review of each provider's PTPs and supporting documents, along with conducting site visits in some cases, to ensure that the provider has accurately identified all compliance issues, to verify that it has appropriately identified and implemented remedial action plans, and to provide technical assistance as needed. Through this process, the Department will be able to verify all settings' compliance status and report on its findings to CMS.

Please note that a PTP must be completed for each setting listed in the bullet-points above. If a provider offers services at multiple settings, it will need to complete multiple PTPs. For IRSS settings like host homes that are operated similarly, the provider may copy a PTP from one setting to another.

If a provider offers more than one service at a single setting (*e.g.*, prevocational and specialized habilitation services at a day program), it should complete only one PTP for that setting, covering all relevant services. However, a separate PTP is necessary for each group that participates in group supported employment.

If you need additional time to complete your initial PTPs or your updates, please contact your CDPHE staff lead (listed on your PTPs) or, in the absence of such contact information, [Barb Rydell](#) at CDPHE.

Accessing the Google Cloud/G-Suite Platform

The initial rollout of the PTP platform will cover Adult Residential PTPs (ACFs, SLPs, TLPS, group homes, host homes, and PCAs). Subsequent rollouts will cover Children's Residential PTPs (CHRP settings) and Nonresidential PTPs (day and group supported employment settings).

When each phase of the platform is rolled out, the system will automatically send a **Welcome email** to every provider with settings in the covered category of PTPs. The Welcome email will contain a link to [the web-based platform where you can review and complete your PTPs](#). The email will look like this:



Dear Provider,

As you know, Colorado is implementing a [federal rule](#) that ensures that the settings where people live or receive Home- and Community-Based Services (HCBS) meet certain criteria. For more information about this rule, please see the Colorado Department of Health Care Policy & Financing's [website](#).

Providers of HCBS must complete a Provider Transition Plan (PTP) for each affected setting, unless the setting is a private home belonging to the client, a professional provider office/clinic, or otherwise presumed compliant under the [Statewide Transition Plan \(STP\)](#). The PTP will help you assess and demonstrate your setting's compliance with the rule and set out a remedial action plan, if needed.

The web-based platform for completing your PTP(s) is now available for Adult Residential settings. [To access the platform, click here](#). On this platform, you will be able to:

Using the "**click here**" link in the Welcome email, navigate to the PTP platform.

The first time you log in, you will need to click on the "**Forgot/Change Password**" link:

A screenshot of a login form. The form has a dark blue header with the word 'Login' in white. Below the header, there are two input fields: 'Email *' with a placeholder 'Enter your email...' and 'Password *' with a placeholder 'Enter your password...'. Below the password field, there is a password strength requirement: 'Password must be at least 8 characters, contain 1 UPPERCASE character, 1 lowercase character, 1 number, and 1 special character (@#\$.*!%&+=)'. At the bottom right of the form is a blue 'Submit' button.

[Forgot/Change password](#)

After clicking that link, enter your email address on the following screen, being sure to use the same email address as the one to which the system sent your Welcome email, and hit the **Reset** button:

The system will send you an email containing a link to reset your password:



You asked for your password to be reset. Please click on the link below to reset your password.

[Reset your password](#)

After clicking that link, type in your preferred new password twice, then click the **Validate** button:

Once the system validates your new password, it will give you access to the [Home screen](#).

If you are expecting a Welcome email and do not receive one, check your spam filters/quarantines to be sure the email was not screened out. If the email was not sent, or if you want to add provider agency staff who can access, review, and fill out your agency's PTPs, send a message to HCPF_PTP@state.co.us with the name(s) and email address(es) that you would like the system to invite.

Before starting your PTPs, please invite your clients and their family members to complete the [IFA Survey](#). Individual feedback has proven invaluable in identifying issues where providers and case management agencies need more technical assistance.

You may use common web browsers like Google Chrome and Microsoft Edge to access the system. The system does not work with Internet Explorer, which Microsoft discontinued. Please reach out to HCPF_PTP@state.co.us for help updating your browser.

Selecting a PTP to Fill Out or Update

On the [Home screen](#), there are **buttons** for **Adult Residential**, **Children’s Residential** (coming soon), and **Nonresidential** (coming soon) PTPs. You may need to complete PTPs in one or more of these categories.

The screenshot shows the top navigation bar with the Colorado Department of Health Care Policy & Financing logo, a search bar labeled 'Search PTPs...', and links for HOME, CONTACT, and LOGOUT. Below this is a dark blue header for the 'Provider Transition Plan (PTP) System'. The main content area contains a welcome message, a note about browser compatibility (Microsoft Internet Explorer vs. Edge), and a button labeled 'Adult Residential PTPs' with a clock icon.

Clicking any of these buttons will take you to a **list of settings** in that category for which you must complete PTPs (e.g., all your Adult Residential PTPs), displayed in grid format.

Clicking on **any row in the grid** allows you to open, view, and edit that PTP.

To open or edit a PTP, click on the record in the list below.

Provider Name	PTP ID	Setting	Provider Contact	Setting Type	PTP Status	CDPHE Lead
Test provider	AD-003025	1570 Grant Street Denver, CO 80203 (555) 555-5555	TEST CONTACT	Group Residential Services and Supports (GRSS) group home	Draft	Barbara Rydell
Test provider	AD-003026	123 Main Street Denver, CO 80203 (555) 555-5555	TEST CONTACT	Alternative care facility (ACF)	Draft	Barbara Rydell
Test provider	AD-003027	345 Main Street Denver, CO 80203 (555) 555-5555	TEST CONTACT	Individual Residential Services and Supports (IRSS) host home	Draft	
Test provider	AD-003028	567 Main Street Denver, CO 80203 (555) 555-5555	TEST CONTACT	Individual Residential Services and Supports (IRSS) host home	Draft	Barbara Rydell

HCBS setting addresses were compiled from various sources, including the Medicaid billing system, CDPHE’s licensing records, and for some providers, your submission of information via a Google form.

Reach out to your CDPHE staff lead if:

- You work with settings that need to be added to the list (refer to the Department’s [Communication Brief](#) on how to handle new settings)
- You see settings that need to be deleted (e.g., because you never worked with them)
- You worked with settings that were correctly included in the list, but are no longer in operation (these settings can be designated so that you need not complete PTPs for them)
- You inadvertently deleted a PTP and need it to be recovered from the Recycle Bin

Completing the PTP

If you previously worked with CDPHE on a PTP (e.g., in the older Excel or Word formats or via CDPHE's access to SharePoint), the data and attachments for that PTP have been migrated to the Google Cloud/G-Suite platform. If your previously completed PTP(s) and attachments are not appearing as expected, reach out to your CDPHE staff lead. **Because new fields have been added over time, you will need to complete some fields even for PTPs on which you already worked with CDPHE.**

Here are some pointers for completing your PTPs in the Google Cloud/G-Suite platform:

- **Hovering** over certain fields in the PTP will provide instructions on how to complete those fields.
- Be sure to click the **Save** button frequently to ensure your work is saved.
- To protect your data, the system automatically logs out after **30 minutes** without activity. If this log-out happens while your computer is asleep, the screen on which you were working will still be displayed; be sure to **refresh** your browser window and **log in again** before proceeding.

Orientation to the PTP

The sections of the PTP that providers need to complete are:

- **Provider Information:** includes the provider's name and contact information, setting address, setting type, and waivers served.
- **Documents:** allows the provider to upload materials relevant to the setting at issue.
- **Rights & Autonomy:** helps the provider identify compliance issues and remedial action plans relating to this aspect of the HCBS Settings Final Rule
- **Informed Choice:** similar
- **Community Integration:** similar
- **Institutional Characteristics:** similar

Additional screens contain information that providers are free to review, but may not edit:

- **PTP Status:** includes the initial submission due date, update due date, status of PTP (Draft, Needs CDPHE Review, etc.), and compliance status of setting (default is "(7) Not Yet Known").
- **Heightened Scrutiny:** contains analysis to be completed by state staff if needed.
- **Site Visit/Desk Review Report:** identifies your CDPHE staff lead and includes notes from their desk review(s) and/or site visit(s) for this setting.
- **Audit Trail:** contains system-recorded information about updates made to this PTP.

On every screen within a PTP, a navigation menu on the left helps you select screens to review and edit. The menu includes icons to show you whether the PTP is incomplete and must be filled out (left), has been filled out and is ready to be submitted (center), and has been submitted with outstanding compliance issues/remedial action plans (right).

Provider Information ✓
Documents ❗
Rights & Autonomy ❗
Informed Choice ❗
Community Integration ❗
Institutional Characteristics ❗
PTP Status
Heightened Scrutiny
Site Visit Desk Review Report
Audit Trail

Provider Information ✓
Documents ✓
Rights & Autonomy ✓
Informed Choice ✓
Community Integration ✓
Institutional Characteristics ✓
PTP Status
Heightened Scrutiny
Site Visit Desk Review Report
Audit Trail

Provider Information
Documents
Rights & Autonomy 🚩
Informed Choice
Community Integration
Institutional Characteristics 🚩
PTP Status
Heightened Scrutiny
Site Visit Desk Review Report
Audit Trail

Provider Information

This section includes the legacy and new provider ID numbers associated with the setting; the legacy number is what you formerly used to bill for this setting in the Xerox MMIS, and the new number is what you currently use to bill for this setting in the interChange MMIS. This section also includes your provider name, the provider/setting alternate name or dba (for example, Smith Host Home), the setting type, the waivers served at this setting, the total number of individuals served, the number of HCBS waiver participants served, the address of setting, and the provider contact information for this setting.

Carefully review and verify the information on this page, some of which may be pre-populated based on information in the Department’s files. Please provide any missing information. If any information is incorrect, please correct it by overwriting it. (Except that to add or delete entire settings, you should contact your CDPHE staff lead, rather than overwriting any outdated addresses with new addresses.)

Provider Information

** Mandatory (required) fields below are marked with an asterisk.*

Legacy Provider ID *

Provider Name *

Setting Type *
 Alternative care facility (ACF)
 Group Residential Services and Supports (GRSS) group home
 Individual Residential Services and Supports (IRSS) host home
 Individual Residential Services and Supports (IRSS) other
 Supported Living Program (SLP) facility under BI waiver
 Transitional Living Program (TLP) facility under BI waiver

Number of Individuals Served

Address of Setting *

New Provider ID *

Provider or Setting Alternate Name/DBA (if any)

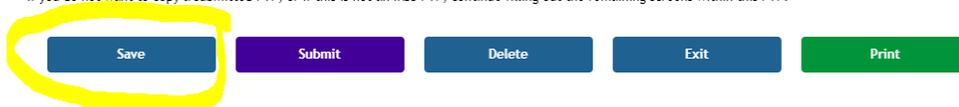
Waivers Served *
 Community Mental Health Services (CMHS) for Persons with Major Mental Illnesses
 Elderly, Blind, and Disabled (EBD)
 Persons with Brain Injury (BI)
 Persons with Developmental Disabilities (DD)

Number of Waiver Participants Served

When you are done, click the **Save** button at the bottom of the screen.

If this is an IRSS PTP, you may complete this PTP by copying data to it from a previously submitted IRSS PTP. Save any updates you'd like to make to this screen (click the Save button), and then click Home to return to your list of PTPs. In the grid listing your PTPs, the IRSS PTPs that are available for copying will display a Copy button. Copying will overwrite all data that appears on the remaining screens of this PTP.

If you do not want to copy a submitted PTP, or if this is not an IRSS PTP, continue filling out the remaining screens within this PTP.



If you operate similar IRSS settings (e.g., host homes), you may complete the PTP for one such setting, submit it, and then copy that PTP to other IRSS settings. This process is described in more detail below.

Documents

Supporting materials must be submitted so that they can be reviewed for compliance with the HCBS Settings Final Rule. Materials may be submitted in Word, PDF, JPEG, or other common file formats.

Be sure to redact any personal health information (PHI) before you upload any files.

Provider Documents

The system requires providers to submit different kinds of documents depending on what kind of services they provide. For example, it requires ACF providers to submit the following documents:

Provider Documents

Document Type	File Name	Date Uploaded	Upload File
Rights of Persons	<i>required</i>	<i>required</i>	<input type="button" value="Upload File"/>
Grievance/Complaint Policy	<i>required</i>	<i>required</i>	<input type="button" value="Upload File"/>
Medication Policy	<i>required</i>	<i>required</i>	<input type="button" value="Upload File"/>
Mistreatment Policy	<i>required</i>	<i>required</i>	<input type="button" value="Upload File"/>
Physical Intervention Policy	<i>required</i>	<i>required</i>	<input type="button" value="Upload File"/>
Incident Reporting Policy	<i>required</i>	<i>required</i>	<input type="button" value="Upload File"/>
Money Management Policy	<i>required</i>	<i>required</i>	<input type="button" value="Upload File"/>
Lease/Residency Agreement	<i>required</i>	<i>required</i>	<input type="button" value="Upload File"/>
Admission/Discharge Policies	<i>required</i>	<i>required</i>	<input type="button" value="Upload File"/>
House Rules	<i>required</i>	<i>required</i>	<input type="button" value="Upload File"/>

As another example, providers of host home services must submit the following documents:

Provider Documents

Document Type	File Name	Date Uploaded	Upload File
Rights of Persons	<i>required</i>	<i>required</i>	<input type="button" value="Upload File"/>
Grievance/Complaint Policy	<i>required</i>	<i>required</i>	<input type="button" value="Upload File"/>
Medication Policy	<i>required</i>	<i>required</i>	<input type="button" value="Upload File"/>
Mistreatment Policy	<i>required</i>	<i>required</i>	<input type="button" value="Upload File"/>
Physical Intervention Policy	<i>required</i>	<i>required</i>	<input type="button" value="Upload File"/>
Incident Reporting Policy	<i>required</i>	<i>required</i>	<input type="button" value="Upload File"/>
Money Management Policy	<i>required</i>	<i>required</i>	<input type="button" value="Upload File"/>
Lease/Residency Agreement	<i>required</i>	<i>required</i>	<input type="button" value="Upload File"/>
Dispute Resolution Policy	<i>required</i>	<i>required</i>	<input type="button" value="Upload File"/>

For these two provider types, most of the required documents are the same, but only providers of ACF services need to submit Admission/Discharge Policies and House Rules, while only providers of host home services need to submit a Dispute Resolution Policy. These variations are driven by existing variations in the CDPHE and HCPF regulations for these kinds of providers.

Most documents may be submitted **once** under the header Provider Documents, and will then automatically be linked to **all other PTPs for this provider**.

To upload a Provider Document, click the **Upload File** button, and then in the popup box (shown below), (1) click **Browse** to select the file you want to upload from your computer, and (2) **check the box(es)** to identify what kind of document this is. In the example shown below, the provider's policies and procedures for all required subjects are addressed in a single document, so all the boxes are checked. If your policies and procedures for each subject are addressed in separate documents, upload the documents separately, identifying via the checkboxes which subjects are covered by each document.

Upload Provider Documents
✕

Select the file

Please select the document type(s) this file refers to. If you have one document that has more than one of these documents contained in it then select all that apply.

- Rights of Persons
- Grievance/Complaint Policy
- Medication Policy
- Mistreatment Policy
- Physical Intervention Policy
- Incident Reporting Policy
- Money Management Policy
- Lease/Residency Agreement
- Dispute Resolution Policy

Do not upload documents containing personal health information (PHI). If your documents contain such information, redact it before uploading.

When you have selected the file you want to upload and checked the box(es) identifying what kind of file it is, click **Attach File** to finish uploading the file. Each file that you uploaded will then display with a blue link (see below). These links will appear in all your PTPs (not just the one you happen to be using when you upload the file(s)), allowing you to upload each document once rather than multiple times.

Provider Documents

Document Type	File Name	Date Uploaded	Upload File
Rights of Persons	OCL Org Chart.pptx	11/06/2018 02:07 PM	<input type="button" value="Replace File"/>
Grievance/Complaint Policy	OCL Org Chart.pptx	11/06/2018 02:07 PM	<input type="button" value="Replace File"/>
Medication Policy	OCL Org Chart.pptx	11/06/2018 02:07 PM	<input type="button" value="Replace File"/>
Mistreatment Policy	OCL Org Chart.pptx	11/06/2018 02:07 PM	<input type="button" value="Replace File"/>
Physical Intervention Policy	OCL Org Chart.pptx	11/06/2018 02:07 PM	<input type="button" value="Replace File"/>
Incident Reporting Policy	OCL Org Chart.pptx	11/06/2018 02:07 PM	<input type="button" value="Replace File"/>
Money Management Policy	OCL Org Chart.pptx	11/06/2018 02:08 PM	<input type="button" value="Replace File"/>
Lease/Residency Agreement	OCL Org Chart.pptx	11/06/2018 02:08 PM	<input type="button" value="Replace File"/>
Dispute Resolution Policy	OCL Org Chart.pptx	11/06/2018 02:08 PM	<input type="button" value="Replace File"/>

Activity Calendars and Other Setting/PTP-Specific Documents

The system requires the submission of a calendar of activities for the specific setting covered by the PTP. The system does not accept activity calendars at the broader provider level. This means that if you complete multiple PTPs, you will submit multiple activity calendars. Upload each activity calendar by clicking on the **Upload File** button shown below:

PTP Specific Documents

Document Type	File Name	Date Uploaded	Upload File
Calendar of Activities	<i>required</i>	<i>required</i>	<input style="background-color: #0056b3; color: white; border: none; padding: 5px 15px;" type="button" value="Upload File"/>

The calendar will display with a blue link after it has been uploaded:

PTP Specific Documents

Document Type	File Name	Date Uploaded	Upload File
Calendar of Activities	JBC schedule.pdf	11/06/2018 02:57 PM	<input type="button" value="Replace File"/>

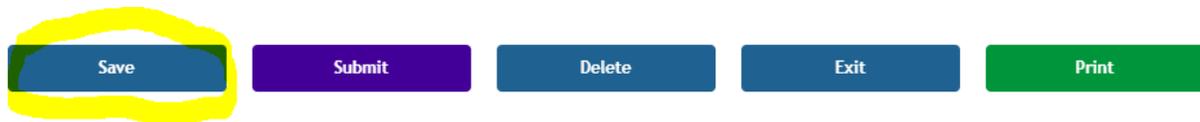
Additional Setting- or PTP-Specific Documents

If you have additional documents or pictures that you want CDPHE to review for this particular setting or PTP, upload them by clicking on the **Upload File** button near the Additional Documents header. In the Document Type text box, briefly describe what the document is, for example, "receipt for bedroom locks."

Additional Documents

Document Type	File Name	Date Uploaded
<i>optional</i>	<i>optional</i>	<i>optional</i>

When you are done uploading documents, click the **Save** button at the bottom of the screen.



Compliance Issues and Remedial Action Plans

The next several screens of the PTP help you walk through four main areas of the HCBS Settings Final Rule: **Rights & Autonomy**, **Informed Choice**, **Community Integration**, and **Institutional Characteristics**. Each screen helps you assess whether you have compliance issues within a given area, and if you do, identify remedial action plans to address them.

At the top of each screen is an **excerpt** of the relevant language from the rule. Please read each excerpt carefully to be sure you are familiar with the federal requirements.

Next, scroll down to review each **compliance issue** statement. If the statement is true at the setting covered by this PTP, select **True**, meaning there **is a compliance issue** to be remedied. If the statement is not true at this setting, select **False**, meaning there is **no compliance issue** to be remedied.

RA-1. Setting's/facility's rules, policies, procedures, or practices restrict individuals' rights under federal settings rule on a broad (not individualized) basis. *	<input type="button" value="TRUE"/> <input checked="" type="button" value="FALSE"/>
RA-2. Individuals do not have the ability to participate in religious or spiritual activities, ceremonies, or communities *	<input type="button" value="TRUE"/> <input checked="" type="button" value="FALSE"/>
RA-3. The setting employs chemical, mechanical, or physical restraints. *	<input type="button" value="TRUE"/> <input checked="" type="button" value="FALSE"/>

Please be as thoughtful and candid as possible as you assess whether you have compliance issues. Your candor will give the Department and CDPHE an opportunity to support you in coming into compliance. Noncompliance by the dates set out above will prevent the Department from continuing to reimburse you for HCBS and will result in your clients' having to transition to other providers or funding sources.

If you identify a compliance issue as False, you do not need to identify a remedy for it.

If you identify a compliance issue as True, you do need to identify a **remedy** for it. The system will automatically suggest remedies for each compliance issue that you identify as True. **Check the boxes** for the remedies that you will implement. If you plan to implement a remedy that is not listed, check the **Other** box and type in a description of your remedy; note that this text field locks once you submit your PTP, after which you may add to, update, or amend your comments by using the comment box at the bottom of each screen. You may select multiple remedies at once.

RA-4. TRUE FALSE

The setting regiments daily activities *

Select at least one remedial action plan:

- Modifications to policies, procedures, and/or house rules to align with federal and state requirements on rights and autonomy.
- Reduce individual-to-staff ratios and/or adjust staff responsibilities in order to increase individuals opportunity to make independent choices regarding their daily activities. (If this change will entail hiring additional staff, please describe details in the box below for detail on action items).
- Increase support for individuals to leave the setting and interact with others (e.g., helping individuals access transportation options; reimbursing staff for mileage on their own cars). (If this change will entail purchasing additional vehicles, please describe details in the box below for detail on action items).
- Review and modification of current staff trainings to ensure rights and autonomy.
- Training for individuals on ways to leave the setting and interact with others (e.g., how to access transportation options).
- Development of tools/messaging materials to educate individuals and families on rights and autonomy.
- Other remedial action plan.

Other *

Type your additional remedial action plans (if any) here.

At the bottom of each screen, state whether you will incur any costs to implement the remedial action plans discussed on the screen. According to CMS and the federal Administration for Community Living (ACL), most providers will be able to bring most settings into compliance with **no (or minimal) costs**. However, in some cases, expenditures may be necessary, and the Department wants to better understand these situations. **If** you will incur expenditures for a given setting, list those costs once per setting within the PTP for that setting. Separately identify one-time costs and recurring annual costs.

Does your remedial action plan entail cost? *

Yes
 No

Remove old one-size-fits-all security system; install new individualized system that lets people leave if they can safely do so

Total expected one-time cost for the remedial action plan(s) described on this screen: *

Only report cost once if it relates to multiple aspects of the federal rule, not on multiple screens. \$

Total expected recurring, annual cost for the remedial action plan(s) described on this screen: *

Only report cost once if it relates to multiple aspects of the federal rule, not on multiple screens. \$

Do not list the same costs on multiple pages of the PTP, as doing so will lead to double-counting of these costs; just list the costs once. If you will incur similar costs for multiple settings (e.g., hiring one additional staff member per setting), list those costs on the PTPs for each setting, so that your total costs across all settings can be aggregated.

The Department will analyze this information in deciding whether to pursue additional one-time or recurring funding for certain categories of providers. The Department has not yet made final decisions on this front and cannot guarantee that any additional funding will be requested or approved.

When you complete each page (Rights & Autonomy, Informed Choice, Community Integration, and Institutional Characteristics), click the **Save** button at the bottom of each screen.

[Additional Notes for the Institutional Characteristics Screen](#)

HCBS settings cannot be nursing facilities (NFs), institutions for mental diseases (IMDs), intermediate care facilities for individuals with intellectual or developmental disabilities (ICF/IIDs), or hospitals. See 42 C.F.R. § 441.301(c)(5). Do not complete PTPs for these settings. If one of these settings is included in the PTP platform, please reach out to your CDPHE staff lead.

In addition, HCBS settings cannot include “[a]ny other locations that have qualities of an institutional setting.” *Id.* The analysis is as follows:

[Step 1] Any setting that is **[i]** located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment, or **[ii]** in a building on the grounds of, or immediately adjacent to, a public institution, or **[iii]** any other setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS will be presumed to be a setting that has the qualities of an institution unless **[Step 2]** the Secretary determines through heightened scrutiny, based on information presented by the State or other parties, that the setting does not have the qualities of an institution and that the setting does have the qualities of home and community-based settings.

Details for Step 1

In determining whether your setting fits in **category (i)**, meaning that it is “**located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment,**” consider the following guidance:

- “Inpatient institutional treatment means that services are provided 24 hours/7 days a week.” [HCBS Settings Final Rule](#).
- Facilities that provide inpatient institutional treatment include NFs, IMDs, ICF/IIDs, and hospitals. [HCBS Settings Final Rule](#).

In determining whether your setting fits in **category (ii)**, meaning that it is located “**in a building on the grounds of, or immediately adjacent to, a public institution,**” consider the following guidance:

- “The term public institution is already defined in Medicaid regulations for purposes of determining the availability of Federal Financial Participation (FFP). [\[42 C.F.R. § 435.1010\]](#) specifies that the term public institution means an institution that is the responsibility of a governmental unit or over which a governmental unit exercises administrative control. Medical institutions, intermediate care facilities, child care institutions and publicly operated community

residences are not included in the definition, nor does the term apply to universities, public libraries or other similar settings. We will apply this existing definition in implementing the provisions of this final rule.” [HCBS Settings Final Rule](#).

- CMS chose to “specifically make reference to . . . a public institution” and not to “incorporate [a] suggestion” to include private institutions. [HCBS Settings Final Rule](#).
- “For purposes of this regulation, a public institution is an inpatient facility that is financed and operated by a county, state, municipality, or other unit of government. A privately owned nursing facility is not a public institution.” CMS, [Questions and Answers \(Q&A\) Regarding Home and Community-Based Settings](#), p.5 (2015).

In determining whether your setting fits in **category (iii)**, meaning that it **“has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS,”** consider the following guidance:

Settings that have the following two characteristics alone might, but will not necessarily, meet the criteria for having the effect of isolating individuals:

- The setting is designed specifically for people with disabilities, and often even for people with a certain type of disability.
- The individuals in the setting are primarily or exclusively people with disabilities and on-site staff provides many services to them.

Settings that isolate people receiving HCBS from the broader community may have any of the following characteristics:

- The setting is designed to provide people with disabilities multiple types of services and activities on-site, including housing, day services, medical, behavioral and therapeutic services, and/or social and recreational activities.
- People in the setting have limited, if any, interaction with the broader community.
- Settings that use/authorize interventions/restrictions that are used in institutional settings or are deemed unacceptable in Medicaid institutional settings (e.g. seclusion).

CMS, [Guidance on Settings that Have the Effect of Isolating Individuals Receiving HCBS from the Broader Community](#), 1 (2015).

CMS has given the following examples of the kinds of residential settings that “typically have the effect of isolating people receiving HCBS from the broader community” (*id.*):

- “Farmstead or disability-specific farm community”
- “Gated/secured ‘community’ for people with disabilities”
- “Residential schools”
- “Multiple settings co-located and operationally related (i.e., operated and controlled by the same provider) that congregate a large number of people with disabilities together and provide for significant shared programming and staff, such that people’s ability to interact with the broader community is limited. Depending on the program design, this could include, for example, group homes on the grounds of a private ICF or numerous group homes co-located on a single site or close proximity (multiple units on the same street or a court, for example).”

On the other hand, CMS has indicated that “most Continuing Care Retirement Communities (CCRCs), which are designed to allow aging couples with different levels of need to remain together or close by,

do not raise the same concerns around isolation as the examples above, particularly since CCRCs typically include residents who live independently in addition to those who receive HCBS. Examples of settings in this category include gated communities, rural/farmstead communities, etc.” *Id.* at 3.

CMS has also provided these questions to consider in assessing whether a setting has an isolating effect:

- Do individuals receiving HCBS live/receive services in a different area of the setting separate from individuals not receiving Medicaid HCBS?
- Is the setting in the community among other private residences, retail businesses?
- Is the community traffic pattern consistent around the setting (e.g. individuals do not cross the street when passing to avoid the setting)?
- Do individuals on the street greet/acknowledge individuals receiving services when they encounter them?
- Are visitors present?
- Are visitors restricted to specified visiting hours?
- Are visiting hours posted?
- Is there evidence that visitors have been present at regular frequencies?
- Are there restricted visitor’s meeting area?

CMS, [Exploratory Questions to Assist States in Assessment of Residential Settings](#), #14 (2015).

If you have questions about whether your setting fits into categories (i), (ii), and/or (iii), reach out to your CDPHE staff lead.

Details for Step 2

If a setting fits into categories (i), (ii), and/or (iii), then CMS **presumes** that it is institutional and therefore not able to provide HCBS. This presumption is not necessarily final; it just means that **CMS will take a close look (so-called “heightened scrutiny”)**. A setting can **overcome the presumption by providing evidence** demonstrating that it is actually integrated in the community, is actually homelike (if residential), and is actually not institutional. Stated differently, a setting that fits in categories (i), (ii), and/or (iii) above is not necessarily precluded from providing HCBS, but it will need to provide evidence for CMS review that it meets all of the HCBS Settings Final Rule criteria. Guidance on the kinds of evidence that CMS wishes to see is available in CMS, [Home and Community-Based Setting Requirements](#) (June 26, 2015); the Department and CMS will also consider public input.

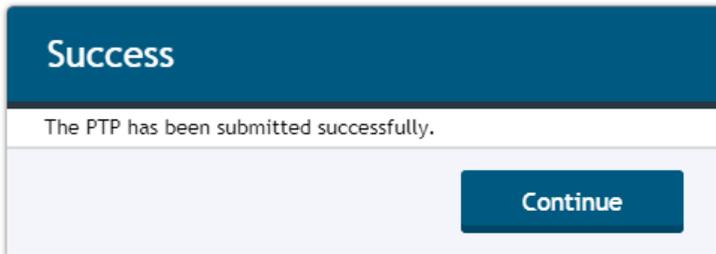
For information about new settings, see CMS, [FAQ Regarding HCBS Settings: Planned Construction of Presumed Institutional Settings](#) (April 12, 2016).

The **Heightened Scrutiny** page contains the analysis of whether a setting that fits into categories (i), (ii), and/or (iii) nevertheless complies with the criteria of the HCBS Settings Rule and will be put forward for CMS review. Providers may review this page, but only state staff may edit it.

[Submitting the PTP](#)

While completing your PTP, you may click the **Save** button at any time and close the platform. When you return to the system, your saved information will be shown.

When you are done working on the PTP, click **Save**, then click the **Submit** button that appears on every screen. **Some fields lock upon submission, so be sure you are satisfied with the PTP before you submit it.** If you have successfully completed and submitted the PTP, you will see the following confirmation:



In addition, the **PTP Status page** will display the date on which you submitted the PTP, the status of the PTP (which automatically changes at this point from **Draft** to **Needs CDPHE Review**), and the **due date of your next update**. The update due date is automatically calculated as the submission date + 90 days (3 months); reach out to your CDPHE staff lead if you need to adjust that date. When the PTP is submitted, the system automatically emails your CDPHE staff lead to review your PTP, and it will automatically email you reminders as your update due date approaches.

A screenshot of the "FOR STATE USE ONLY" section of the PTP Status page. It contains several fields with the following information:

- Status of this PTP: Needs CDPHE Review
- Date this PTP was last submitted by Provider: 11/06/2018
- Date this PTP Status was changed: 11/06/2018
- PTP Status was changed by: Leah E. Pogoriler
- PTP Submission Date: 11/06/2018
- PTP Update Due Date: 02/04/2019
- PTP First Submission Due Date: mm/dd/yyyy
- Compliance Status: ... Select Status ...

If the system identifies mandatory fields that have been left blank or required documents that have not been uploaded, it will display a banner at the top of the PTP, red icons next to the screens that need attention, and on those screens, red highlighting on the fields that need attention.

Screenshot of banner at the top of the PTP:



Screenshot of red highlighting next to fields that need attention, on a page flagged with a red icon:

* Mandatory (required) fields below are marked with an asterisk.

ICH-1.

Setting is located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment *

TRUE	FALSE
------	-------

ICH-2.

Setting is located in a building on the grounds of, or immediately adjacent to, a public institution *

TRUE	FALSE
------	-------

ICH-3.

Setting has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS *

TRUE	FALSE
------	-------

Does your remedial action plan entail cost? *

<input type="radio"/> Yes
<input type="radio"/> No

Once you finish the PTP, you will be able to **save** your changes and **submit** it.

Copying PTPs from One IRSS Setting to Another

Once you complete and submit a PTP for an IRSS setting, you may elect to copy that PTP to other IRSS settings. Copying makes it easier and quicker for you to complete PTPs for similar IRSS settings.

To copy a submitted PTP for an IRSS setting, navigate to the PTP home screen, click the Adult Residential button, observe your list of PTPs in grid format, and click the **Copy** button next to the submitted PTP that you want to copy:

Provider Name	PTP ID	Setting	Provider Contact	Setting Type	PTP Status	CDPHE Lead	Documents	Creation Date	
Test provider	AD-003025	1570 Grant Street Denver, CO 80203 (555) 555-5555	TEST CONTACT	Group Residential Services and Supports (GRSS) group home	Draft	Barbara Rydell		11/06/2018	
Test provider	AD-003026	123 Main Street Denver, CO 80203 (555) 555-5555	TEST CONTACT	Alternative care facility (ACF)	Draft	Barbara Rydell		11/06/2018	
Test provider	AD-003027	345 Main Street Denver, CO 80203 (555) 555-5555	TEST CONTACT	Individual Residential Services and Supports (IRSS) host home	Needs CDPHE Review			11/06/2018	
Test provider	AD-003028	567 Main Street Denver, CO 80203 (555) 555-5555	TEST CONTACT	Individual Residential Services and Supports (IRSS) host home	Draft	Barbara Rydell		11/06/2018	

The Copy feature allows copying only from submitted PTPs (those in **Needs CDPHE Review** status, not **Draft** status), and only between IRSS settings (such as host homes and PCAs).

After you click the Copy button next to a submitted PTP, the system will display a popup box with a list of IRSS settings to which you may copy that PTP. Select the **destination PTP** where you want the copied information to end up (see highlighting in screenshot below). The system does not allow copying to destination PTPs that already have compliance issues or remedial action plans (from systems predating the Google Cloud/G-Suite platform) and/or that have already been submitted.

Copy Setting

345 Main Street - PTP #AD-003027

You may copy information from the submitted PTP identified above to other IRSS settings. In the dropdown menu below, select the IRSS setting that should receive the copied information (if you are missing a Setting, please email hcpf_ptp@state.co.us):

By clicking Copy, I certify either that the two settings have identical documents, compliance issues, remedial action plans, and other information, or that I will adjust the second PTP (upload additional documents, change fields within the PTP) to make it complete and accurate before I submit it.

Copying will overwrite any existing data in the second PTP, excluding your provider information and documents.

Review the **certification** in red font. Pursuant to the certification, you must ensure that the second (destination) PTP is accurate by (a) confirming that it is operated identically to the first, or (b) making any necessary changes to it before you submit it. If you can truthfully make this certification, click the second **Copy** button.

Once you click the second Copy button, the system will copy all data from the first PTP (as selected from your grid) to the second PTP (as selected from the dropdown menu), except for the Provider Information fields on the first screen of each PTP. This means that data on all subsequent screens of the second PTP will be overwritten. The system will not copy setting-specific or PTP-specific documents from the first PTP to the second PTP.

In the second PTP, which will open automatically, review all of the copied information, make any adjustments necessary to ensure that the second PTP is accurate and reflects any setting-specific compliance issues and remedies, upload any required setting-specific documents, click **Save**, and click **Submit**. This will complete your second PTP.

If a compliance issue is marked as **Resolved** in the first PTP, it will also be marked as Resolved in the second PTP. Only state staff (not providers) can change Resolved compliance issues to True or False. Therefore, you should only copy a PTP that has Resolved compliance issues to a second PTP if those compliance issues are also Resolved at the second setting. (This situation should arise infrequently, as providers will generally be copying submitted PTPs to other PTPs before CDPHE has marked any compliance issues in the first PTPs as Resolved.)

The copying feature is offered as a convenience for providers that operate many host homes using similar policies, procedures, and practices. The feature can be used for as many or as few IRSS settings as you like. You may elect to complete separate PTPs, without copying, for any or all of your IRSS settings.

After Submission of the PTP

As soon as you submit your PTP, you should start implementing your remedial action plans.

CDPHE will review your submitted PTP and the attached documents to help you identify any additional compliance issues and remedial action plans. CDPHE staff may reach out to you by telephone, by email, and/or by saving comments for you in the **comment box** at the bottom of each PTP screen. Here is a sample comment from CDPHE in the comment box at the bottom of the Rights & Autonomy page:

Compliance Issue/Remedial Action Plan

This section is optional. Use the "Add Remedy Comments" button to add any additional details on your remedial action items. If you did not detail it above, please include your plan to train staff/contractors on any changes that involve them.

For example, if you plan to develop a legally enforceable lease or residency agreement, please indicate how this action will meet the HCBS standards (e.g., "Residency agreement will provide the same responsibilities/protections from eviction as all tenants under landlord tenant law in the jurisdiction," or "Protections are in place to address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law").

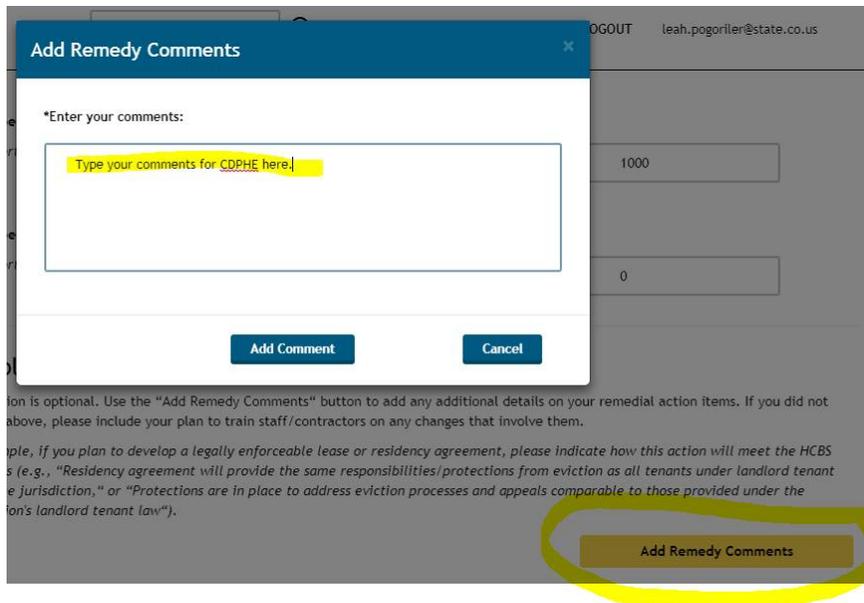
Add Remedy Comments

Date	Author	Comment
11/06/2018 03:09 PM	[REDACTED]	Hello provider, please note that I changed your compliance issues RA-1 and RA-18 above from False to True, based on my review of your house rules. The house rules you submitted on 11/6/18 restrict visiting hours for everyone and need to be amended to eliminate this restriction. If restricted visiting hours are needed for an individual, you should work with them and their case manager to implement an individualized rights modification. Please submit amended house rules on the Documents page. -- CDPHE staff lead

You should follow CDPHE's instructions to submit updated/amended supporting documents, provide photographs, or make other changes to demonstrate compliance.

If you are not sure where to start looking for CDPHE comments, try going to the **PTP Status** page. CDPHE may have saved a message for you in the comment box on that page, specifying which other pages need attention (Rights & Autonomy, Informed Choice, etc.).

If you have comments for CDPHE, you may submit them by clicking the **Add Remedy Comments** button at the bottom of each page. When you click this button, a box will pop up, allowing you to type your comments; when you are done, save your comments by hitting the **Add Comment** button.



As noted above, when you identify a compliance issue as True, select the checkbox for an Other remedy, and type in that remedy, this text box will be frozen once you submit your PTP to CDPHE. After that point, if you need to add or amend any remedial action plan descriptions, use the comment box at the bottom of each screen.

Completing your PTP will be an iterative process. A typical process might go something like this:

- Provider completes PTP and hits **Submit**. The PTP Status automatically changes from **Draft** to **Needs CDPHE Review**. The system automatically emails the CDPHE staff lead to review the PTP.
- CDPHE reviews the PTP and attached documents. CDPHE may also conduct a site visit. CDPHE identifies additional compliance issues and remedies for the provider to consider. After editing the PTP and saving comments for the provider, CDPHE hits the **Submit** button, at which point the PTP Status automatically changes from **Needs CDPHE Review** to **Needs Provider Review**. The system automatically emails the provider to review the PTP.
- Provider uploads revised documents on the **Documents** page. Provider also saves additional comments for CDPHE in the **comment boxes** at the bottom of each screen, explaining the changes that it has implemented. Provider hits **Submit** again. The PTP Status automatically changes from **Needs Provider Review** to **Needs CDPHE Review**. The system automatically emails the CDPHE staff lead to review the PTP.
- CDPHE reviews the updated PTP and attached documents. CDPHE changes compliance issues from **True** to **Resolved**. **(Provider cannot make this change on its own.)** CDPHE changes the setting's Compliance Status to one that reflects the current status (for example, one specifying that no further action is needed) and reaches out to the provider.

Providers should submit updates to their PTPs every three months until they receive a notice from the Department or CDPHE that further updates are not required.

Contact Information and Links

To open the PTP platform: visit [this site](#).

To ensure that the system has your current contact information and to solve technical problems with the platform: email HCPF_PTP@state.co.us.

To request CDPHE assistance in adding or deleting settings from the platform; discuss your compliance issues, remedial action plans, and documents; and to request an adjustment to PTP due date/update due dates: email the CDPHE staff lead indicated on your PTPs, or if not specified, [Barb Rydell](#).

To review the Department's guidance: visit the [HCBS Settings Final Rule website](#).